



20 ANNUAL WITHHOLDING RECONCILIATION
Remit this form with corresponding W-2's on/before February 28

Account Number _____	
FEIN _____	
Employer Name _____	
Address _____	
City/State/ZIP _____	
_____ Signature of Responsible Officer	_____ Date
_____ Responsible Officer Name and Title (please print)	
_____ Name and phone number of the person completing this form	

CHECK ONE

Regular Withholding

My company is located in or conducts business in Springboro.

Courtesy Withholding

My company performs no work in Springboro. I am filing this form to report tax withheld as a courtesy to employees who reside in Springboro.

Both Regular & Courtesy Withholding

My company has withheld tax from employees performing work functions within the Springboro City limits. It has also withheld tax as a courtesy to Springboro residents who are not working in the City.

A PAYMENT SUMMARY

Please enter withholding tax payments remitted during the withholding period

JANUARY	APRIL	JULY	OCTOBER	
FEB	MAY	AUGUST	NOVEMBER	
MARCH	JUNE	SEPTEMBER	DECEMBER	
FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	TOTAL REMITTED

B RECONCILIATION SUMMARY

NUMBER OF W-2s ENCLOSED

1. Workplace wages		
2. Withholding obligation (wages x 1.5%)		
3. Actual workplace tax withheld (total from W-2s)		
4. Difference between tax withheld and tax required (line 2 - line 3)		
5. Residence tax withheld as a courtesy		
6. Total withholdings required to be remitted (line 3 + line 4 + line 5)		
7. Total withholding payments actually remitted (per Section A)		
8. Difference between withholdings and remittances paid (line 6 - line 7)		
9. Balance due (line 8 is a positive number; make check payable to City of Springboro)		
10. Overpayment (line 8 is a negative number)	Refund	Credit to next year